

**Office of Minority Health and Health Disparities (MHHD) and Center for
HIV/AIDS and Health Services**

Request for Applications (RFA)

Outreach and Education for HIV/AIDS, Hepatitis B and C, and other STDs

Summary Statement

The Office of Minority Health and Health Disparities (MHHD) in collaboration with the Center for HIV/AIDS and Health Services invites applications for community-based education and outreach activities that address HIV/AIDS, Hepatitis B and C, and other STDs in minority, medically underserved communities.

Background

Despite substantial improvements in the prevention of HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis in the United States, some populations continue to be disproportionately affected by these diseases. For example, blacks and Hispanics accounted for nearly 67% of the estimated cases of HIV/AIDS diagnosed in 2004. In 2004, rates of hepatitis B were higher among blacks than for whites, Asians/Pacific Islanders, American Indians/Alaska Natives, and Hispanics. Blacks and American Indians/Alaska Natives had higher rates of gonorrhea in 2004 than whites, Asians/Pacific Islanders, and Hispanics. While overall tuberculosis rates continued to decline in 2004, 82% of all reported tuberculosis cases occurred in racial and ethnic minorities. As the nation's population becomes more diverse demographically, efforts to improve health will require a closer examination of differences in risk factors for disease, as well as in differences in access to and use of health care services.

Social stigma also contributes to health disparities. Like racial and ethnic minorities, sexual minorities, including lesbian, gay, bisexual, and transgender individuals, also experience a wide range of health disparities. A growing number of studies have examined disparities among sexual minorities, documenting significant differences in rates of disease, mental health, and risk behaviors that can lead to poor health. Negative societal attitudes towards homosexuality contribute to the social stigma experienced by sexual minorities that contribute to health disparities. Although homophobia cuts across racial lines, many racial and ethnic minority men who have sex with men (MSM) remain secretive about their sexuality because of a historical lack of acceptance by leaders and religious institutions within their communities¹.

¹ C. Brooke Steele, Lehida Meléndez-Morales, Richard Campoluci, Nickolas DeLuca, and Hazel D. Dean. Health Disparities in HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis: Issues, Burden, and Response, A Retrospective Review, 2000–2004. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, November 2007. Available at: <http://www.cdc.gov/nchhstp/healthdisparities/>

In Maryland, over three-quarters (76%) adult/adolescent living with HIV are non-Hispanic Black, 15% are non-Hispanic White and 5% are Hispanic. The rate of HIV is highest among non-Hispanic Blacks (1,610.0 per 100,000 population), almost ten times higher than the rate among non-Hispanic Whites (165.9). High rates are also experienced by non-Hispanics reporting multiple races (1,319.6) and non-Hispanic native Hawaiians and other Pacific Islanders (612.8)².

Funding Amount: \$5,000

Funding Period: September 1, 2016 through December 31, 2016

Eligibility: Non-profit organizations within Maryland Jurisdictions are eligible to apply.

Scope of Work

MHHD invites community-based partners to submit a brief proposal (3-page limit) to implement education and outreach activities addressing HIV/AIDS, Hepatitis B, Hepatitis C and other STDs in local communities. Activities should be centered around enhancing the knowledge of the community and providing linkage to resources. Examples of outreach and education activities may include but are not limited to:

1. Community education and awareness events that observe the national HIV/AIDS, Hepatitis and STD awareness days.
2. Workshops and health fairs that educate people about HIV/AIDS, Hepatitis and STDs.
3. Referral to resources for counseling, testing and other support services.
4. Cultural and faith-based events to bring awareness and address stigma in local communities.

Work Plan

All applications should include a monthly timeline clearly outlining the proposed activities and the dates each activity will be completed. Your work plan must also describe target populations, goal of activity, referral and follow up process.

Reports

A report detailing your activities, the number of people reached and the number referred to services (as applicable) will be due to DHMH on December 31, 2016. Reports should be submitted to Ms. Namisa Kramer at NamisaK.Kramer1@maryland.gov. In addition, applicants are expected to enter program data into the MHHD Data Management System.

Budget Proposal

All applications must include the following DHMH fiscal forms: [Human Service Contract Proposal - DHMH 432A-H](#); [Condition of Human Service Agreement Statement-DHMH 433](#); and [Assurance of](#)

² Race/Ethnicity and HIV in Maryland, 2013, August 2015. Available at: <http://phpa.dhmm.maryland.gov/OIDEOR/CHSE/SiteAssets/SitePages/statistics/Maryland-Race-Ethnicity-and-HIV.pdf>

Compliance - DHMH 434. Additionally, please review the [DHMH 432 Instructions](#) and the [Human Services Agreement Manual](#). All of these forms and documents are linked above and can also be located from http://dhmh.maryland.gov/Pages/sf_gacct.aspx. All forms are to be used according to DHMH policy and procedures. A budget narrative must be included explaining how the applicant intends to utilize the funds.

Application Deadline

Please submit your application electronically by **5 PM EST on Monday, August 15, 2016**. All applications should be sent to Ms. Namisa Kramer at NamisaK.Kramer1@maryland.gov.